

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER

SCHEDULE
NUMBER 2101

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 OF 1

DEPARTMENT OF HEALTH & MENTAL HYGIENE
OFFICE OF HEALTH SERVICES HEALTHCHOICE AND ACUTE CARE ADMINISTRATION
DIVISION OF HEALTH CHOICE MANAGEMENT

Item No.	Record Series Description	Retention
1.	<u>Division Management Files:</u> This series includes general correspondence, reports, budgets, timesheets, etc.	Retain in office three years or until audited, then send to records center for two (2) years, then destroy.
2.	<u>Program Management Files:</u> This series includes programmatic data, policy formulation, and records regarding managed care organizations (MCO's) and other created program-specific files. A. MCO Applications B. Provider Contracts C. Policy Instruction Statements (PIS), MCO Rates	Screen active files annually, removing information which is superseded, inactive, or no longer needed. Retain inactive files in office for five (5) years or until audited, then send to State Records Center for five (5) years, then destroy.

APPROVED BY: (Agency Official)

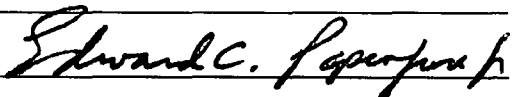
DATE: 8/25/00

SIGNATURE: 

NAME/TITLE: Rosalie Koslof, Chief
Division of HealthChoice Management

AUTHORIZED BY: (State Archivist)

DATE: SEP 28 2000

SIGNATURE: 

NAME/TITLE: Edward C. Papenfuse, Jr., State Archivist

INSTRUCTIONS - TYPE OR PRINT A SEPARATE FORM FOR EACH NEW REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 - JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY Page <u>1</u> of <u>2</u>	
1. DEPARTMENT/AGENCY <i>DHMH</i>		2. DIVISION <i>Office of Health Svcs</i> <i>Health Choice & Acute Care Admin</i>		3. UNIT <i>Div. of Health</i> <i>Choice Management</i>	
DEFINITION - Records Series - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. RECORD SERIES TITLE <i>Division Mgt Files</i>				5. EARLIEST YEAR / LATEST YEAR _____ TO _____	
6. RECORD SERIES DESCRIPTION (Briefly describe the types of information/documents/forms found in the Series Include the purpose or function of the Series) <i>General correspondence, reports, hand sets, X-ray sheets, etc</i>					
7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. RECORD SERIES SEQUENCE <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. VOLUME <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tape (s) <input type="checkbox"/> Other (Specify) _____ Number _____	
11. FILE IS USED <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg, Floor, Room) <i>201 1st Floor</i>		14. IS RECORD SERIES DUPLICATED ELSEWHERE? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. ACCESS RESTRICTIONS (If yes, cite law(s) & regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. AUDIT REQUIREMENTS <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. IS AN INDEX SYSTEM USED? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. RECOMMENDED RETENTION <i>Retain in office 3 yrs - until audit</i> <i>send to Records Center 2 yrs</i>			
19. NAME AND TITLE OF PREPARER <i>T. Kravitz</i>		20. TELEPHONE NUMBER <i>410 767-5934</i>		21. DATE <i>8/30/00</i>	

INSTRUCTIONS - TYPE OR PRINT A SEPARATE FORM FOR EACH NEW REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 - JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY Page <u>2</u> of <u>2</u>	
1. DEPARTMENT/AGENCY <i>DHMH</i>		2. DIVISION <i>Office of Health Svcs.</i> <i>Health Choice & Access Center</i>		3. UNIT <i>Director of</i> <i>Health Choice Mgt.</i>	
DEFINITION - Records Series - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. RECORD SERIES TITLE <i>Program Management Files</i>				5. EARLIEST YEAR / LATEST YEAR _____ to _____	
6. RECORD SERIES DESCRIPTION (Briefly describe the types of information/documents/forms found in the Series. Include the purpose or function of the Series) <i>Records of Managed Care Organizations including applications, provider contracts, policy, instruction statements, rates, etc. Programmatic Data & policy formulation information.</i>					
7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. RECORD SERIES SEQUENCE <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. VOLUME <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ Number _____	
		10. ANNUAL ACCUMULATION <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ Number _____			
11. FILE IS USED <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER _____ / _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg., Floor, Room) <i>201 / 1st Floor</i>		14. IS RECORD SERIES DUPLICATED ELSEWHERE? (If yes, specify agency or office) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No			
15. ACCESS RESTRICTIONS (If yes, cite law(s) & regulation(s)) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		16. AUDIT REQUIREMENTS <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. IS AN INDEX SYSTEM USED? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		18. RECOMMENDED RETENTION <i>Retain inactive files in office until 5 yrs old & audit requirements fulfilled, transfer to SRC for 5 years more.</i>			
19. NAME AND TITLE OF PREPARER <i>T. Krawitz</i>		20. TELEPHONE NUMBER <i>410 767-5934</i>		21. DATE <i>8/22/00</i>	